

General

Title

Prostate cancer: proportion of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy and docetaxel chemotherapy.

Source(s)

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Prostate cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jul. 38 p. [21 references]

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the proportion of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy and docetaxel chemotherapy.

This Cancer Quality Performance Indicator (QPI) is separated into two parts. Please refer to the related NQMC measure summary, [Prostate cancer: proportion of patients presenting with metastatic prostate cancer \(TanyNanyM1\) treated with immediate hormone therapy](#).

Note from the National Quality Measures Clearinghouse: This measure is part of the Cancer Quality Performance Indicators (QPIs) collection. For more information, including a complete list of QPI measure sets, please visit the [Healthcare Improvement Scotland Web site](#).

Rationale

There is evidence for symptom palliation and possible survival benefit in symptomatic metastatic

patients, and for prolonged progression-free survival in asymptomatic patients with metastatic prostate cancer (National Institute for Health and Care Excellence [NICE], 2014; Heidenreich et al., 2010).

Luteinizing hormone-releasing hormone (LHRH) agonist/antagonist monotherapy or dual androgen blockade (LHRH agonist plus anti-androgen combined therapy) or bilateral orchidectomy should be offered as immediate therapy to all patients with metastatic prostate cancer (Comprehensive Cancer Centre the Netherlands, 2007; Heidenreich et al., 2010; Loblaw et al., 2007).

Docetaxel chemotherapy has shown evidence of improved survival when given in conjunction with hormone therapy and should be offered to men who are suitably fit as part of their care (James et al., 2016).

The hormone therapy should be licensed in this indication as monotherapy or in combination with an anti-androgen for dual androgen blockade. Bilateral orchidectomy is an acceptable form of hormone therapy in this context.

Evidence for Rationale

Comprehensive Cancer Centre the Netherlands. Prostate cancer. [internet]. Amsterdam (The Netherlands): Association of Comprehensive Cancer Centres (ACCC); 2007 [accessed 2013 Aug 01].

Heidenreich A, Bolla M, Joniau S, et al, members of the European Association of Urology (EAU) Guidelines Office. Guidelines on prostate cancer. Arnhem (The Netherlands): European Association of Urology (EAU); 2010.

James ND, Sydes MR, Clarke NW, Mason MD, Dearnaley DP, Spears MR, Ritchie AW, Parker CC, Russell JM, Attard G, de Bono J, Cross W, Jones RJ, Thalmann G, Amos C, Matheson D, Millman R, Alzouebi M, Beesley S, Birtle AJ, Brock S, Cathomas R, Chakraborti P, Chowdhury S, Cook A, Elliott T, Gale J, Gibbs S, Graham JD, Hetherington J, Hughes R, Laing R, McKinna F, McLaren DB, O'Sullivan JM, Parikh O, Peedell C, Protheroe A, Robinson AJ, Srihari N, Srinivasan R, Staffurth J, Sundar S, Tolan S, Tsang D, Wagstaff J, Parmar MK, STAMPEDE investigators. Addition of docetaxel, zoledronic acid, or both to first-line long-term hormone therapy in prostate cancer (STAMPEDE): survival results from an adaptive, multiarm, multistage, platform randomised controlled trial. *Lancet*. 2016 Mar 19;387(10024):1163-77. [PubMed](#)

Loblaw DA, Virgo KS, Nam R, Somerfield MR, Ben-Josef E, Mendelson DS, Middleton R, Sharp SA, Smith TJ, Talcott J, Taplin M, Vogelzang NJ, Wade JL 3rd, Bennett CL, Scher HI, American Society of Clinical Oncology. Initial hormonal management of androgen-sensitive metastatic, recurrent, or progressive prostate cancer: 2006 update of an American Society of Clinical Oncology practice guideline. *J Clin Oncol*. 2007 Apr 20;25(12):1596-605. [29 references] [PubMed](#)

National Institute for Health and Care Excellence (NICE). Prostate cancer: diagnosis and management. London (UK): National Institute for Health and Care Excellence (NICE); 2014 Jan 8. 45 p. (Clinical guideline; no. 175).

NHS Scotland, Scottish Cancer Taskforce, National Cancer Quality Steering Group. Prostate cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland; 2016 Jul. 38 p. [21 references]

Primary Health Components

Metastatic prostate cancer; hormone therapy; docetaxel chemotherapy

Denominator Description

All patients presenting with metastatic prostate cancer (TanyNanyM1) (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy and docetaxel chemotherapy (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

Evidence for Extent of Measure Testing

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Male (only)

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

All patients presenting with metastatic prostate cancer (TanyNanyM1)

Exclusions

- Patients documented to have refused immediate hormone therapy
- Patients documented to have refused chemotherapy
- Patients enrolled in clinical trials

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients presenting with metastatic prostate cancer (TanyNanyM1) treated with immediate hormone therapy and docetaxel chemotherapy*

*Docetaxel should be started within 90 days of first dose of hormone therapy.

Exclusions

- Patients documented to have refused immediate hormone therapy
- Patients documented to have refused chemotherapy
- Patients enrolled in clinical trials

Numerator Search Strategy

Fixed time period or point in time

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Target: 70%

The tolerance within this target is to account for the fact that due to co-morbidities and fitness not all patients will be suitable for treatment.

Evidence for Prescriptive Standard

Identifying Information

Original Title

QPI 7 (ii) – hormone therapy and docetaxel chemotherapy.

Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

Measure Set Name

Prostate Cancer

Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

Funding Source(s)

Scottish Government

Composition of the Group that Developed the Measure

Prostate Cancer QPI Development Group

Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Jul

Measure Maintenance

The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence. Formal reviews are conducted every 3 years and baseline checks each year.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

Measure Availability

Source document available from the [Healthcare Improvement Scotland Web site](#) .

For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ .

Companion Documents

The following is available:

NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the [Healthcare Improvement Scotland Web site](#) .

NQMC Status

This NQMC summary was completed by ECRI Institute on May 31, 2017.

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Production

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